**Annex B - Additional Capacity 2021/22 Claim Form**

To be completed, and submitted to the Health Board no later than Friday 8 April 2022. Practices can submit monthly if preferred.

Where appropriate, invoices will need to be submitted to support the additional sessions to evidence that the funding has been spent, before 100% reimbursement of the agreed costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Practice Name** | |  | | | |
| **W Code** | |  | | | |
| **Senior partner** | |  | | | |
| **Practice Address** | |  | | | |
| **Email Address** | |  | | | |
| **Telephone Number** | |  | | | |
| **List Size @ 1st October 2021** | |  | | | |
| **Additional Staff Resource – Detail of additional posts/hours worked** | | | | | |
| **Name of individual** | **Existing employee working additional hours / sessions , new employee or locum** | | **Date worked** | **Hours/session worked** | **Total cost** |
|  | **E / N / L** | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| TOTAL CLAIMED |  | |  |  |  |

***PRACTICE DECLARATIONS***

* I/we confirm that the information provided in this application form is accurate
* I/we confirm that the above claim relates to additional hours / sessions worked by individuals which were not in place before 1st December 2021

**Authorised signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(on behalf of the practice)

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_